

September 7, 2004

Recipient

Dear:

Your recent **Baseline / Annual / Periodic / Exit** medical examination for the Wildland Firefighter Program identified one or more issues which must be further evaluated. **Please bring this letter and any enclosed documents to your personal physician or specialist as soon as possible**, and have the additional information indicated below faxed or mailed to the Central Medical Consultant's office. A final rating determination cannot be made until additional medical information is received.

Please ask your doctor(s) to review and provide a determination on the following information:

Diabetes: need history of this condition, including episodes of hypoglycemia, any hospitalizations, current treatment plan and prognosis. Please include evidence of good diabetic control (such as fasting blood sugar results and Hgb A1c level, if available) and lack of target organ damage. In addition, you should provide evidence of regular home blood glucose monitoring by providing a copy of your blood glucose log for the last three (3) months.

Additional Comments:

Your doctor(s) must also review the essential functions of a wildland firefighter (**see enclosed**) and provide their **written opinion** as to whether or not you can safely and efficiently perform at the arduous level. A **copy of all test results** used to support this opinion must be included. Please ensure that your name, SSN, and Date of Birth are on all results submitted to Comprehensive Health Services, Inc.

Please have your personal physician or specialist submit the results directly to:

Comprehensive Health Services, Inc.
Attention: **Interagency WLFF**
8229 Boone Blvd., Suite 700
Vienna, VA 22182-2623
Fax: (703) 288-5482

Respectfully submitted,

Lawrence P. Saladino, M.D.
Central Medical Consultant
Interagency Wildland Firefighter
Medical Standards Program
lps/

Note: The Wildland Firefighter Program does not provide reimbursement for any expenses associated with your further evaluation or treatment for the above issues. If the condition is a result of a work related exposure supported by a prior worker compensation claim, contact your worker's compensation claim case worker for further information regarding reimbursement.